



ARKANSAS STATE POLICE

ASP-40 RN

Concealed Handgun License Renewal Application Form

PLEASE TYPE OR PRINT LEGIBLY

NAME: _____
LAST FIRST MIDDLE

PHYSICAL ADDRESS: _____
(STREET)

_____, _____, AR _____
(CITY) (COUNTY) (ZIP CODE)

MAILING ADDRESS: _____
(P. O. BOX #, ETC.)

_____, _____, AR _____
(CITY) (COUNTY) (ZIP CODE)

Daytime telephone number where you can be contacted if we have questions: _____ (____) _____

ARKANSAS DRIVER'S LICENSE NUMBER: _____ EXPIRATION DATE: _____

ARKANSAS CONCEALED HANDGUN LICENSE NUMBER: _____ EXPIRATION DATE: _____

In the most recent handgun training, did you qualify with a semi-automatic handgun? YES ____ NO ____

NOTICE: Knowingly providing false information on this form is against Arkansas law as set out in ACA §5-73-305. The applicant, by completing this form, swears or affirms that he/she is in compliance with and meets all the qualifications to hold a license to carry a concealed handgun pursuant to the criteria specified in Ark Code Ann §5-73-308 and §5-73-309 and state and federal law.

The applicant hereby states under oath that the representations made herein are true and correct.

Signature of Applicant: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

This form **MUST** be notarized before submittal.

State Of } County Of }

Subscribed and sworn before me a notary public in and for the county aforesaid

This _____ day of _____, 20__

Notary Public Signature: _____ My commission expires: _____
(First/MI/Last Name) (Month/Day/Year)

YOU MUST ENCLOSE THE FOLLOWING WITH THIS RENEWAL APPLICATION:

1. This form completed and notarized.
2. A legible copy of your Arkansas Concealed Handgun License.
3. A legible copy of your Arkansas Driver's License or I.D. Card.
4. The completed "Certificate Of Training" form from the Concealed Handgun Instructor.
5. If your license is not expired, send a check or money order for \$55.00 payable to the "Arkansas State Police". If your license is expired less than six months, add an additional \$15.00 fee. If your license is expired over six months, you will need to begin the application process with a new application and not a renewal.

If you would like to insure delivery of the packet you may send it certified mail, return receipt requested to: Arkansas State Police, Concealed Handgun Licensing Section, 1 State Police Plaza Drive, Little Rock, AR 72209